# City of San Diego

# ADA (Americans with Disabilities Act) Self-Evaluation Plan

# Phase 2 Conducting Surveys

Prepared by:

Patricia Sieglen Disabled Services Coordinator Community Services

October 15, 1992

# Plan Agenda

### Phase

- 1. Identify Programs, Activities and Services
- Conduct Surveys
- 3. Review Surveys
- 4. Determine Corrective Actions
- 5. Develop Implementation Plan
- 6. Submit to Council7. Follow-up

# Responsible Party

Department

ADA Representative Task Force/ADA Rep. Task Force/ADA Rep.

Department

Disabled Services Coordinator

ADA Representative

Completed By

October 1, 1992

November 15, 1992 December 15,1992 December 15, 1992 January 15, 1993 January 26, 1993 (As Required)

Title '

Americans with Disabilities Act (ADA) Self-Evaluation Plan.

Purpose

The purpose of the City Self-Evaluation Plan is to ensure that all of City Department's programs, activities and services are in compliance with the Americans with Disabilities Act (P.L.101-336). This survey provides a general framework for completing the Self-Evaluation survey.

Departments are encouraged to be creative and flexible in their approach to fulfilling their ADA requirements. Because of the differences between Departmental programs, there is no single "right" way to complete the Self-Evaluation survey.

Background

In 1990 President Bush signed into law the Americans with Disabilities Act (P.L.101-336). This civil rights legislation protects the rights of people with disabilities. Title II of the ADA delineates the role of State and Local government to provide access to communications, building and facilities and programs, activities and services. Regulations implementing ADA call upon State and Local government to complete a "Self-Evaluation" of their programs, activities and services and to complete a "Transition Plan" when structural changes are necessary to make programs accessible to people with disabilities.

Timeline

The "Self-Evaluation" process which includes identification, surveying and corrective action plans are to be completed by January 26, 1993.

# ADA

# (Americans with Disabilities Act) Self-Evaluation Survey Form

| Department:                   |         |
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| Division:                     |         |
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| Program:                      |         |
|                               | •       |
|                               | <u></u> |
| Contact Person/Title/Phone:   |         |
|                               | #       |
|                               |         |
| Location of Program:          |         |
| Location of Program:          |         |
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|                               |         |
| Brief description of Program: |         |
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# ADA

# (Americans with Disabilities Act) Self-Evaluation Survey Form

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| 1. | Department Personnel Responsible | for | ADA |
|----|----------------------------------|-----|-----|
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- 3. Program Service & Activity Eligibility or Participation Requirements
- 4. Boards & Commissions
- 5. Information & Training for Staff
- 6. Complaints
- 7. Use of Contractors
- 8. Facilities Used
- 9. Transportation
- 10. Decisions about Undue Financial & Administrative Burden
- 11. Documents & Publications
- 12. Telephone Communication
- 13. Interpreters
- 14. Readers
- 15. Assistive Listening Devices (ALD's)
- 16. Audio-Visual Presentations
- 17. Automated Electronic Equipment
- 18. Emergency Evacuation
- 19. Comments & Suggestions

| Identify Departo<br>for conducting th                         | nent personner a<br>ne self-evaluation  | and the depart             | rementar co                           | int(b) Tes           | Porro           |
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| Notification & Ac   | ivertisement                            |                            | •                                     | • • .                |                 |
| How is the publ<br>(i.e. meetings or                          | lic notified of th<br>oral presentation | e existence ans, printed m | and services<br>aterials, me          | of this<br>dia, or o | Progr<br>ther)? |
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| Are efforts made<br>now?                                      | to notify people                        | with disabil               | ities of this                         | Program              | ? If            |
| Are efforts made<br>now?                                      | to notify people                        | with disabil               | ities of this                         | Program              | ? If            |
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| Are efforts made  | to notify people                        | with disabil               | ities of this                         | Program              | ? If            |
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| Are efforts made now?  Are non-discriminate such notices spec | nation notices in                       | cluded in info             | ormational n                          | naterials?           |                 |
| now?<br>Are non-discrimin                                     | nation notices in                       | cluded in info             | ormational n                          | naterials?           |                 |

All public information (brochures, posters, public service announcements, etc.) are to include a statement that the Program is in compliance with the ADA in all materials and advertisements.

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| Program Service 8  | k Activity Eliq  | gibility or P  | articipatio                            | n Require              | ements      |             |
| List all sources<br>subregulatory sou<br>manuals and otl<br>Department's Pro   | her guideline  | policy dire  | cuves and<br>vern the                  | guidance<br>administ   | ration      | of t        |
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| should be paid to<br>referring to eligibi  | policies inco  | rporating of participation   | r establish<br>on not em               | ning (rem<br>ployees): | ember       |             |
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| •                                       | insurabil  | ity requir                            | ements;                               |                                       |                                  | -   |   |                     |
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| List al<br>staffed<br>body in<br>on all | l boards, o<br>l by the D<br>nclude the              | commissic<br>epartmen<br>"access s    | it in con<br>tatement                 | nection<br>"in the                    | with the<br>attached<br>what dat | e Progra<br>I A.R. 96<br>e will it<br>Enter "Ye<br>Access S | m. Doe<br>5.10 Sect<br>be includes" or da<br>Statemen   | ion (ded?)          |

| Information & Training for Staff   |
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| What staff members need to be aware of the Program's obligation under ADA and policies designed to enable people with disabilities to particing the Department's Program.                |
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| List steps to ensure that all staff involved in this Program will be information periodically of, and understand fully, the City's policy of non-discrimination the basis of disability. |
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| Complaints   |
| What unit and position(s) are responsible for receiving and process complaints?  |
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| Describe the process by which complaints are processed.  |
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| Use of Contrac                           | ctors                  |             |            |             | :         | •           |
| Note:                                    | •                      |             |            | •           |           |             |
| Contractors m<br>discontinue co          | ntracts wi             | th organiz  | ations the | it do not   | comply.   |             |
| ist below all<br>services or act         | contractor<br>ivities. | rs used by  | the Dep    | artment     | to conduc | c program   |
| List below all services or act           | contractorivities.     | rs used by  | r the Dep  | artment     | to conduc | c program   |
| ist below all<br>services or act         | contractor<br>ivities. | rs used by  | r the Dep  | artment     | to conduc | t program   |
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| List below all services or act           | contractor             | rs used by  | r the Dep  | artment     | to conduc | t program   |
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| F         | acilities Used                                   |                     | ·               | ·.<br>•       | -                |                       | * •             |                   | ٠.                   | •                  |
| u         | the Program's<br>sed to ensure<br>rogram.        | faciliti<br>that po | ies ar<br>eople | e not<br>with | wheel<br>disabil | chair ac<br>ities car | cessib<br>i use | le wha<br>and be  | t metho<br>nefit fro | ods are            |
| I.        | ogram.   |                     |                 | •             | . '•             |                       | •               |                   |                      |                    |
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| AI        | e there specia                                   | dized c             | ompo            | nents         | or se            | vices fo              | r pers          | ons wi            | th disal             | oilities<br>If so. |
| or        | e there specia<br>program eler<br>ease describe. | nents v             | ompo<br>which   | nents<br>part | or se<br>Icularl | vices fo<br>y affect  | r pers<br>disab | ons wi<br>led per | th disal<br>sons?    | bilities<br>If so, |
| or        | program eler                                     | nents v             | ompo<br>which   | nents<br>part | or se            | vices fo<br>y affect  | r pers<br>disab | ons wi<br>led per | th disal             | oilities<br>If so, |
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# 10. Decisions about Undue Financial & Administrative Burden

## Note:

Circumstances where personnel believe that the proposed action would fundamentally alter the service, program, or activity or would result in undue financial and administrative burdens must be referred to the City Manager. Any decision that compliance would result in such administrative burdens must be made by the City Manager or his/her designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by a written statement of the reasons for reaching that conclusion. If an action would result in such an alteration or such burdens, the City shall take any other action that would not result in such an alteration or such burdens but would nevertheless ensure that individuals with disabilities receive the benefits or services provided by the public entity.

| etc.) that are  | * .         |              |         |         |      |       |        |        |     | ·     |
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| put in alternetc.)?  What Progra                                      | nate format | d positi     | on(s) : | pe, la  | espo | print | ., Bra | nue,   | com | puter |
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| put in alternetc.)?  What Progra                                      | nate format | d positi     | on(s) : | pe, la  | espo | print | ., Bra | nue,   | com | puter |
| put in alternetc.)?  What Progra                                      | nate format | d positi     | on(s) : | pe, la  | espo | print | ., Bra | nue,   | com | puter |

| telepho             | he Progra<br>one? If y<br>Deaf (TD) | es, is a               | Text T             | vice or<br>elephon    | informati<br>e (TT) / '               | on to th<br>Felecom                  | ie publ<br>nunica | ic over<br>tion De |
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| List the            | location                            | and telep              | ohone i            | numbers               | of the T                              | DDs/TTs                              | <b>;</b>          |                    |
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| Indicate            | e what ag                           | ency, co<br>e been li  | mmerc<br>sted.     | ial telep             | hone or                               | TDD dir                              | ectories          | s in wh            |
| Indicate<br>the nur | e what ag                           | ency, co<br>e been li  | mmerc<br>sted.     | ial telep             | hone or                               | TDD dir                              | ectories          | s in wh            |
| Indicate<br>the nur | e what ag<br>nbers hav              | ency, co<br>e been lis | mmerc<br>sted.     | ial telep             | hone or                               | TDD dir                              | ectories          | s in wh            |
| Indicate<br>the nur | e what ag<br>nbers hav              | ency, co<br>e been lis | mmerc<br>sted.     | ial telep             | hone or                               | TDD dir                              | ectories          | s in wh            |
| If there            | e what ag<br>nbers hav              | e been lie             | sted.              | e for th              | is progra                             | nm, list                             | steps             | to ensu            |
| If there            | is not a                            | t TDD a                | vailabl            | e for the             | is progra                             | am, list                             | steps<br>ed indiv | to ensu            |
| If there            | is not a commun                     | t TDD a ications       | vailabl<br>with he | e for the<br>earing a | is progra<br>nd speech                | am, ∕list<br>i impaire<br>California | steps<br>ed indiv | to ensuriduals.    |
| If there            | is not a commun                     | t TDD a ications       | vailabl<br>with he | e for the<br>earing a | is progra<br>nd speech                | am, ∕list<br>i impaire<br>California | steps<br>ed indiv | to ensuriduals.    |

# 13. Interpreters

| List all Program activities (i.e. public meetings, hearings, individual appointments, etc.) where a sign language and/or oral interpreter might be needed to ensure that persons with hearing impairments can full participate. |
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| Describe the process by which the Program secures the services of interpreters (if the Program has never secured the services of an interpreter, please see attached memo).   |
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|   |
| How are deaf and hearing impaired persons informed of the availability o sign language or oral interpreters?  |
|   |
| What Program unit and position(s) are responsible for making interpreters   |
| available in Department programs, services and activities?  |
|   |

|     | Indicate the policy wi   | hich includes                                 | information                              | ı on prov                          | viding inter                           | preters.             |
|-----|--|---|--|------------------------------------|--|----------------------|
|     | The policy is A.R. 96.   | 10 City Acces                                 | sibility Policy                          | v for Peor                         | ole with                               |                      |
|     | Disabilities which is a  | ttached.                                      | · ,                                      | ·                                  |  |                      |
|     | •  |   |  |                                    |  |                      |
| 14. | Readers  |   |  |                                    |  |                      |
|     | List all the Program a computer screens, impairments and assineeded to ensure that (remember this is acc | etc.) where<br>stants for per<br>such individ | e readers<br>sons with m<br>uals can par | for per<br>anual im<br>rticipate f | sons with<br>pairments<br>fully in the | h vision<br>might be |
|     |  |   | · · · · · · · · · · · · · · · · · · ·    |                                    |  | <del></del>          |
|     |  |   |  |                                    |  |                      |
|     |  |   | e.                                       | •                                  |  | •                    |
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|     | What procedures does writing for individuals   | the Program<br>with disabili                  | use to prov<br>ties?                     | ide assis                          | tance in re                            | ading or             |
| •   |  | •   |  | /                                  |  |                      |
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| •   |  |   |  |                                    |  |                      |
|     | How are blind and vi-<br>informed of the availab   | sually impair<br>ility of reader              | red persons<br>rs or other a             | or other<br>ssistance              | disabled?                              | persons              |
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| Indicate what policy inc<br>assistants for the Programs                               | ludes information o          | n providing read     | ers and                               |
| The policy is A.R. 96.10 Cit  | y Accessibility Policy f     | or People with       | · · · · · · · · · · · · · · · · · · · |
| Disabilities which is attache   | ed.                          |                      |                                       |
|   | •                            |                      |                                       |
|   |                              |                      |                                       |
| Assistive Listening Devices   | (ALD's)                      | •                    |                                       |
| Describe the procedure the<br>hearing impairments who<br>effectively in meetings, con | do not read sign             | language can pai     | als with<br>ticipate                  |
| The procedure will be to ch   | eck out <u>a portable As</u> | sistive Listening De | evice                                 |
|   |                              | •                    |                                       |
| rom the audio-visual room   | in Financial Managem         | ent.                 |                                       |
| from the audio-visual room  How are deaf and hard of  ALDs?                           |                              | <i>:</i>             | bility of                             |
| How are deaf and hard of  |                              | <i>:</i>             | bility of                             |
| How are deaf and hard of  |                              | <i>:</i>             | bility of                             |
| How are deaf and hard of  |                              | <i>:</i>             | bility of                             |
| How are deaf and hard of  |                              | <i>:</i>             | bility of                             |
| How are deaf and hard of  |                              | <i>:</i>             | bility of                             |
| How are deaf and hard of ALDs?  | hearing persons info         | rmed of the availa   |                                       |
| How are deaf and hard of  | hearing persons infor        | rmed of the availa   |                                       |
| How are deaf and hard of ALDs?  What departmental unit an                             | hearing persons infor        | rmed of the availa   |                                       |
| How are deaf and hard of ALDs?  What departmental unit an                             | hearing persons infor        | rmed of the availa   |                                       |

| steps         | ate if the<br>s have been<br>these pre | n taken to                            | ensure             | are ca         | nearing                                | l and,<br>impair | if the           | y are :            | not, wan ber     | hat<br>refit |
|---------------|--|---------------------------------------|--------------------|----------------|--|------------------|------------------|--------------------|------------------|--------------|
| steps         | s nave bee:                            | n taken to                            | ensure             | are ca         | nearing                                | l and,<br>impair | if the           | y are :            | not, wan ber     | hat<br>refit |
| steps         | s nave bee:                            | n taken to                            | ensure             | are ca         | nearing                                | d and,<br>impair | if the           | y are :<br>sons ca | not, wan ber     | hat<br>refit |
| steps         | s nave bee:                            | n taken to                            | ensure             | are ca         | iptioned                               | i and,<br>impair | if the<br>ed per | y are :<br>sons c  | not, w<br>an ber | hat<br>iefit |
| steps         | s nave bee:                            | n taken to                            | ensure             | are ca         | iptioned                               | impair           | if the<br>ed per | y are :<br>sons c: | not, w<br>an ber | hat<br>lefit |
| <b>.</b> 7.   | -4- * <b>5</b> 41                      | <b>.</b>                              | tations            |                | · · · · · · · · · · · · · · · · · · ·  | _                |                  | •                  |                  |              |
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|               | ·                                      |                                       | <del> :</del>      |                |  |                  |                  |                    | •                | · ·          |
| Desc<br>telev | cribe the<br>vision) are               | ways tha<br>used by t                 | t audio<br>he Prog | -visua<br>ram. | l prese                                | ntatior          | ıs (filr         | n, vide            | eo tap           | e o          |
| :             | io-Visual F                            |                                       |                    | -              | . •                                    |                  |                  |                    |                  |              |
|               |  |                                       |                    |                |  |                  | :                | •                  |                  |              |
| Disa          | abilities wh                           | uen is atta                           | cnea.              | <del></del>    | ·- · · · · · · · · · · · · · · · · · · | ·                | <u> </u>         |                    |                  | -            |
| Diag          | Shilibina mul                          |                                       | -23                |                |  |                  |                  |                    | •                |              |
| <u> </u>      | policy is A                            | <u> </u>                              | CILY III           | <u>.ccoord</u> | mry I OI                               | ICY IQI          | <u>r conte</u>   | MILLI              |                  |              |

| visual presentat                                     |   |                                   |                              |                              |
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|  | •                                       |                                   |                              |                              |
|  | -                                       |                                   |                              | :                            |
| Automated Elec                                       | tronic Equipment                        |                                   |                              | •                            |
| 210111111111111111111111111111111111111              |   | ત                                 |                              | . •                          |
| Describe the w including auton and activities.       | vays the Program<br>nated telephone ed  | uses automa<br>quipment and       | ited electro<br>computers    | nic equipme<br>in its progra |
| ** **  |   |                                   | -                            |                              |
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| Describe the stequipment is acc                      | eps that have be<br>cessible to and usa | en taken to d<br>able by individu | etermine if<br>uals with dis | the automa<br>sabilities.    |
| Describe the stequipment is acc                      | eps that have be<br>cessible to and usa | en taken to d<br>able by individa | etermine if<br>uals with dis | the automa<br>sabilities.    |
| Describe the stequipment is acc                      | eps that have be<br>cessible to and usa | en taken to d<br>able by individu | etermine if<br>uals with dis | the automa<br>sabilities.    |
| Describe the st<br>equipment is acc                  | eps that have be<br>cessible to and usa | en taken to d<br>able by individa | etermine if uals with dis    | the automa<br>sabilities.    |
| Describe the steequipment is acc                     | eps that have becessible to and usa     | en taken to d<br>able by individa | etermine if<br>uals with dis | the automa                   |
| equipment is acc                                     | cessible to and usa                     | able by individ                   | uals with dis                | sabilities.                  |
| equipment is acc                                     | unit and positio                        | n(s) are resp                     | onsible for                  | ensuring the                 |
| equipment is accommodate Program automated electrons | unit and positio                        | n(s) are resp                     | onsible for                  | ensuring the                 |
| equipment is accommodate Program automated electrons | unit and positio                        | n(s) are resp                     | onsible for                  | ensuring the                 |
| equipment is accommodate Program automated electrons | unit and positio                        | n(s) are resp                     | onsible for                  | ensuring the                 |

# Describe how the Program notifies employees and the public of an emergency.

| st equ | ipment i | that is us | sed to notify | individu | ials of an   | emergency. | -           |
|--------|----------|------------|---------------|----------|--------------|------------|-------------|
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| What departmental unit and position(s) are respon implementing emergency evacuation procedures? | sible for e | stablishi                             | ng and |
|---|-------------|---------------------------------------|--------|
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| Indicate wh | at poli | су | includes | information | on | emergency | evacuation |
|-------------|---------|----|----------|-------------|----|-----------|------------|
| procedures. |         |    |          |             |    | •         |            |

| ·                 |                             |                          |                           |                              | ·                    | - ,                                   |
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|                   |                             |                          |                           |                              |                      | · · · · · · · · · · · · · · · · · · · |
|                   |                             |                          |                           |                              | •                    | · .                                   |
|                   |                             |                          |                           | •                            |                      | •                                     |
| Do you            | have any ot                 | her comme                | nts or sug                | gestions th                  | at could             | l assist t                            |
| Oo you<br>Program | have any ot<br>in better pr | her comme<br>oviding equ | nts or sug<br>al opportur | gestions th<br>nity for peop | at could<br>ble with | l assist t<br>disabilitie             |
| Do you<br>Program | have any ot<br>in better pr | her comme<br>oviding equ | nts or sug<br>al opportur | gestions th<br>aity for peop | at could<br>ole with | l assist t<br>disabilitio             |

The End. Thank you for your input and cooperation!